SEND	ER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON	DELIVERY	
ntern ■ Print so th	plete items 1, 2, and 3. Also complete 4 if Restricted Delivery is desired. your name and address on the reverse lat we can return the card to you.	A Signature	☐ Agent ☐ Addressee	
Attach this card to the back of the mallpiece,		B. Received by (Printed Name)	C. Date of Delivery	
Mr. Richard W. Wieking		Is delivery address different from	Is delivery address different from item 1? Yes	
Clerk		If YES, enter delivery address I	pelow: 🗆 No	
	d States District Court			
450 G	p Burton U.S. Courthouse, 16 <sup>th</sup> folden Gate Avenue	h Floor		
		Control T		
·	rancisco, CA 94102-3434	Service Type  Certified Mail  Express  Registered  Insured Mail  C.O.D.	Mail Receipt for Merchandise	
		4. Restricted Delivery? (Extra Fee)	☐ Yes	
2. Article (Transfe	Number Pr from service label) 7 🛮 🗓	3 3110 0005 4305 31		
	2011 5	c Return Receipt	102595-02-M-1540	
United States Postal Service		Po US	st-Class Mail stage & Fees Paid SPS ermit No. G-10	
	Sender: Please print your na	ame, address, and ZIP+4 in th	is box •	
	CLERK, U.S. DISTRICT COURT 800 J.S. COURTHOUSE NASHVILLE, TENNESSEE 37203			
	3:07-0548	(a) lech !	lopy of	